

Section 8 RECORDS, REPORTING, & POSTING

Show & Tell

Chapters

Chapter 35:

Center Records

Child Records and Information (WAC 388-150-450).

Program Records (WAC 388-150-460).

Personnel Policies and Records (WAC 388-150-470).

Chapter 36:

Reporting and Posting Requirements

Reporting of Death, Injury, Illness, Epidemic, or Child Abuse

(WAC 388-150-480).

Reporting of Circumstantial Changes (WAC 388-150-490).

Posting Requirements (WAC 388-150-500).

Regulations, best practices, and helpful hints about: **Records, Reporting, and Posting**

Chapter 35. WAC 388-150-450 to WAC 388-150-470

Center Records

Child Records and Information

You must keep organized records on the children enrolled in your center on the premises. Each child's records must be readily available to the director or staff person in charge in the director's absence. They must be easily accessible in case of an emergency, but must also be kept in an area of the center where they are not accessible to other staff or parents or visitors to the center. All child records should be treated as confidential.

It is easiest to keep a separate file for each enrolled child and keep all of that child's records and forms in the file. These must include:

- * a registration form.
- * an enrollment application.
- * a health history.
- * authorization forms for transportation and field trips.
- * authorization for emergency medical care.
- * identifying information on those persons who are authorized to take the child from the center.

It is important that you get all forms and paperwork you require completed before the child enters your program.

You are also required to keep a written note each time you give a child medication. It is good practice to keep these records in individual children's folders. That way, it is possible to see at a glance whether a particular child has a pattern of frequent accidents or illness. In cases of injury, be sure staff write down what caused the injury and how they treated it. Parents would appreciate getting a written note describing what happened.

Some centers choose to use a single form to keep a running record of both accidents and medications for a group or for the entire center (see accident and illness form). Other centers use one group form for medications and another one for accidents and injuries. It is useful to keep a clipboard with a stack of these forms next to the first aid kit or the medicine storage area. As forms get filled up, you can file them with your program records or in the child's individual files.

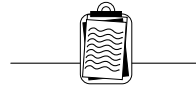
Even if the group form method is used, staff should write a detailed description of

SHOW AND TELL
ACCIDENT, ILLNESS, AND MEDICATION RECORDING FORM

Date/Time	Child's First & Last Name	Injury/Illness	Action Taken	Medication Name /Amount	Treatment Person Signature

SHOW AND TELL

more serious incidents, put one copy in the child's file, and give one copy to the child's parents.



Some records must travel with children when they leave the premises, for example, emergency medical authorizations. You might want to have parents sign two emergency authorization forms when they enroll their child, one on a full-sized sheet of paper to be kept on file at the center, and one on an index card to be carried along with the child when he or she is away from the center. The index card can also contain other information you want to have available if there is an emergency, such as:

- *Parents' work numbers.*
- *Other emergency contacts.*
- *The child's family doctor.*
- *Important facts from the child's medical history, such as allergies, medicines to which the child is allergic, and serious illnesses.*

Program Records

There are many instances where you need to keep written records of particular information or events that are part of your program. These records must be on file on the premises. All written records should be dated and initialed by the person submitting the information. This will help clarify matters if questions arise later.

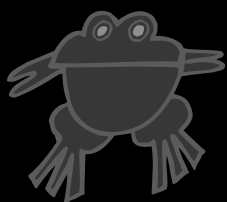


Even if it is not required, it is wise to keep notes on any significant events, important phone conversations, or parent discussions you may have.

In addition to the program records WAC 388-150-460 requires, make sure you have on file:

- * Records documenting department-approved variations to a WAC requirement.

**DOCUMENTATION IS
FOR YOUR PROTECTION
AND TO HELP
YOU PLAN AND RUN
YOUR PROGRAM**



- * Copies of waivers the department approves.
- * Shot records for center pets.

Nursing Consultation Records

Item (7) of WAC 388-150-460 mentions that centers must keep nursing consultation records, “if applicable.” Nursing consultant records are necessary only for centers licensed to serve four or more infants. Centers licensed for fewer than four infants do not need to have a nurse consultant.

How Long Should You Keep Records?

WAC tells you how long to hold onto some records. For example, snack menus should be kept on file for at least six months. How long should you keep records other than those with a specified time limit? There are several considerations:

- (1) Often you or your staff are the ones who need the information in your files. Obviously, your need for the children’s and personnel files is ongoing. You might also want to be able to review what activities were being planned this time last year, or you may want to review a child’s attendance pattern over the past six months in preparation for a parent conference.
- (2) Your licensor will want to be able to review your program’s required documentation for at least the past several months and perhaps for the past year, particularly at the time of relicensing. Records from past years can be temporarily stored off premises if necessary.
- (3) If you have a tuition reimbursement contract with DSHS or some other agency, you may be asked to produce documents such as attendance records and invoice vouchers for the last five years.
- (4) Your accountant or tax advisor may want you to keep attendance and meal records and other business documents for several years.

In the long run, documentation is for your protection and to help you plan and run your program, not to satisfy licensing requirements. Consult your licensor and preferably your lawyer for advice concerning particular records.

Personnel Policies and Records

“... when applicable”

Three items in WAC 388-150-470 include the phrase “when applicable.” Following are restatements of requirements discussed in other parts of the guidebook. These will help you decide whether a particular record keeping requirement applies to your center:

- | | |
|-----------------|---|
| Item (1)(b)(ii) | DSHS discusses the results of criminal history and background checks when there is reason to restrict or not hire an applicant. |
| Item (3)(g) | Employees need to have a food handler’s permit on file at the center if they prepare full meals at the center. |
| Item (3)(h) | Employees need certificates of age-appropriate first aid and |

CPR training on file at the center if, at any time, they have sole or primary responsibility for a group of children.

Convictions Disqualifying a Person from Child Care

WAC 388-150-030 (see Chapter 4 of the guidebook) refers to criminal offenses that are grounds for denying, suspending, or revoking a license or disqualifying a person from working in a child care center. Here we give more specifics about what those offenses are and one of the ways DSHS checks on the suitability of people to work in a child care environment.

The 60 categories of criminal convictions or pending charges disqualifying a person from having access to children in child care are in WAC 388-330-040, “Application of Inquiry Findings.” Conviction on any one of the following charges will result in denial of an applicant. Following is a condensation of that list (I, II, or III indicate first, second, or third degree convictions):

- * Murder, manslaughter, kidnapping, arson, or extortion (I or II); aggravated murder; assault I, II, III, or simple assault involving physical harm; coercion; malicious harassment; unlawful imprisonment.
- * Robbery I or II, burglary I.
- * Criminal mistreatment I or II.
- * Rape, child rape, or child molesting (I, II, or III); incest (I or II).
- * Indecent liberties, public indecency toward a person under 14 years old.
- * Sexual misconduct with a minor or promoting prostitution (I or II) sexual exploitation of a minor, communication with a minor for immoral purposes, or patronizing a juvenile prostitute.
- * Promoting pornography, or dealing in, sending, or possessing pornographic materials involving a minor.
- * Child selling or child buying.
- * Family abandonment.
- * Manufacturing, delivering, or possessing a controlled substance with intent to sell.
- * Reckless endangerment.
- * Vehicular homicide.
- * Promoting a suicide attempt.

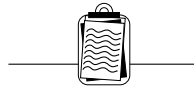
SHOW AND TELL
CRIMINAL HISTORY AND BACKGROUND INQUIRY

The licensor also considers other types of convictions in making a judgment about the character or competence of an applicant.

Criminal History and Background Inquiry

The criminal history and background inquiry checking process involves the following stages:

- (1) The prospective licensee initiates the process by submitting a criminal history and background inquiry form to the licensor. The licensee must submit these forms within seven days of the time any new employee or volunteer begins working at the center.
- (2) The licensor gives the forms to the Washington State Patrol and local DSHS offices, who provide the licensor with information from its files.
- (3) The licensor checks the inquiry information for convictions, pending charges, or CPS involvement that disqualify the person from working in a child care center (see list above).
- (4) The licensor contacts you only if there is a problem. Your licensor discusses with you the findings, and the conviction category resulting in disqualification or approval delay due to pending charges.



The criminal background and history check is NOT perfect. It will not screen out all individuals who do not belong in a child care center. For example, the background check could come back “negative” (meaning you receive no warnings) if:

- *The local authorities did not inform the State Patrol of the conviction.*
- *The person was charged but not convicted.*
- *The conviction occurred in another state or country.*

Even if your licensor does find out that the person should not be allowed to work with children, the person may have been doing just that in your center for several weeks by the time the background check is complete. You should supplement the licensor’s screening effort by making very careful hiring decisions. Use of the department-issued Application for Employment form can assist you in this important task. Feel free to contact your licensor if you have concerns about an employee or applicant.

Chapter 36. WAC 388-150-480 to WAC 388-150-500

FOR A MORE COMPLETE LIST OF COMMUNICABLE DISEASES YOU ARE REQUIRED TO REPORT IN YOUR AREA, TALK TO YOUR HEALTH CONSULTANT OR YOUR LOCAL HEALTH DEPARTMENT.



Reporting and Posting Requirements

Reporting of Death, Injury, Illness, Epidemic, or Child Abuse

Reportable Illnesses

Certain illnesses and parasites are contagious enough or serious enough that your local health department takes steps if there is a serious outbreak or epidemic. One of the sources of information they depend on for this information is child care providers. The health department can also provide you with valuable information to limit the spread of the illness and to protect the care giver, other children, and community from serious illness.

Examples of Illnesses Where a Single Instance Must be Reported:

If you have had an outbreak of a particular illness at your center (meaning three or more cases within a short period of time), your local health department should be notified so they can determine how extensive the outbreak is in your community. Examples of illnesses that fall in this category are flu, mononucleosis, conjunctivitis, and pneumonia.

For a more complete list of communicable diseases you are required to report in your area, talk to your health consultant or your local health department.



A child's parents will be understandably concerned if their child comes home with bite marks, scratches, or bruises that appear to have been inflicted by another child. They will be more concerned if no staff member talked to them about the incident or no one seems to know where the marks came from.

Make sure the parents know:

- (1) How the injury occurred.
- (2) How the staff responded to the incident.
- (3) What treatment was given, if any.

A written report covering the above information should be put in the child's file or written onto a group record keeping form. You might want to give the parents a written copy of this report as well.

SHOW AND TELL

Reassure the parents that:

- Such behavior is not tolerated at the center.
- Wounds from biting and scratching rarely cause viral infections such as hepatitis or AIDS. However, both provider and parent should monitor for signs of bacterial infection, such as redness, swelling, or fever.

Reporting of Circumstantial Changes

You must keep DCCEL informed about major changes in your program or facility. Some changes you know about and plan in advance, such as a change of ownership or a remodeling project. Part of planning ahead is consulting with your licensor, the fire marshal, etc., so they can advise you about requirements.

You have no control over changes such as a fire or death. You must immediately advise your licensor of such events, so they can advise you whether care can continue or an adjustment of your license is necessary. In both types of circumstances, you must notify DCCEL “promptly;” in other words, with maximum advance warning.

Some changes do not affect the ongoing quality of care. You need to report these so the information on your license remains current. Some changes do not require any further action beyond reporting. These include:

- * Changes in a center’s phone number, legal name, or mailing address.
- * Replacement of persons on staff with persons of similar qualifications. Changing the director or program supervisor would be the staff changes most likely to affect program quality. Approval of such changes requires a review of the new applicant’s credentials by your licensor.
- * If your center is incorporated, changes in the board of directors or by-laws of the center.
- * Change of center ownership, IF the owner is not the licensee.
- * Decrease in the number or age ranges of children for whom care is going to be provided; for example, dropping infant care.
- * Increase in the child capacity, up to the maximum number DCCEL authorizes. In this case, an additional licensing fee payment will be necessary.

Other changes affect the ability of the center to provide care or alter the conditions in effect when the department issued the license. These include:

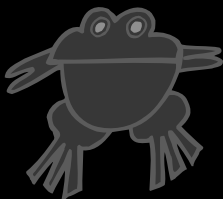
- * Providing care in a new space within the present facility.
- * Structural damage to some portion of the center, including “temporary” damage such as a leaking roof or remodeling project.
- * Adding a new category of care, such as infant care.

Contact your licensor in advance. New health and fire inspections usually occur in these circumstances. DCCEL will issue an amended license after obtaining the necessary approvals.

The center will need to submit a new licensing application if the center is:

- * Moving to a new location.
- * Replacing the person or organization officially recognized as the licensee by DCCEL. This includes change of ownership, if the owner is the licensee.

**YOU MUST KEEP
DSHS INFORMED
ABOUT MAJOR
CHANGES IN YOUR
PROGRAM OR
FACILITY.**





When there's a change in the services you offer, make sure to include Resource and Referral in the list of agencies you notify. The referrals they make to your business are only as good as the information you provide to them.

Posting Requirements

Things you **MUST** post:

- * Center's child care license.
- * Center's building occupancy or conditional use permit, if required.
- * Typical activity schedule, including operating hours and mealtimes.
- * Names and hours of caregiving staff.
- * Snack and lunch menus for the coming week (see Chapter 17).
- * Evacuation plan for building (see Chapter 21). A diagram showing the escape route should be posted by each exit for staff and parents to see.
- * Emergency phone numbers, next to the phone.
- * Contagious diseases or parasites which children have been exposed to at the center.

Emergency phone numbers should be clearly visible by the phone or you can program them for automatic dialing and clearly label them. Numbers you either must or might want to list:

- * 911. If your area is not covered by 911, you should post numbers for your local police, fire department, and emergency medical response service.
- * Poison Control.
- * Your nurse consultant, if you have one.
- * Your health consultant.
- * The CENTER's telephone number and address! You might not be the one making the call.
- * Child Protective Services.
 - Designated emergency hospital.
 - The local health department.
 - Animal control.
 - Resource and Referral.
 - Your licensor.

NOTE: One item you must post where parents can see it is not listed in WAC 388-150-500:

- * Fire safety poster (see Chapter 21).